

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b>				<b>1. Requisition Number</b> SEE SCHEDULE		<b>Page</b> 1 <b>Of</b> 4	
<b>Offeror To Complete Block 12, 17, 23, 24, &amp; 30</b>							
<b>2. Contract No.</b> DAAE20-99-D-0030		<b>3. Award/Effective Date</b> 1999NOV12		<b>4. Order Number</b> 0005		<b>5. Solicitation Number</b>	
<b>7. For Solicitation Information Call:</b>		<b>A. Name</b> DONNA WEBB		<b>B. Telephone Number (No Collect Calls)</b> (309) 782-3941		<b>6. Solicitation Issue Date</b>	
<b>9. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CTT ROCK ISLAND IL 61299-7630		<b>Code</b> W52H09		<b>10. This Acquisition Is</b>		<b>11. Delivery For FOB Destination Unless Block Is Marked</b>	
<b>e-mail:</b> WEBBD@RIA.ARMY.MIL				<input checked="" type="checkbox"/> <b>Unrestricted</b>		<input type="checkbox"/> <b>See Schedule</b>	
				<input type="checkbox"/> <b>Set Aside: % For</b>		<input checked="" type="checkbox"/> <b>13a. This Contract Is A Rated Order Under DPAS (18 CFR 700)</b>	
				<input type="checkbox"/> <b>Small Business</b> <input type="checkbox"/> <b>Small Disadv Business</b> <input type="checkbox"/> <b>8(A)</b>		<b>13b. Rating</b> DOC9	
				<b>SIC:</b> 3563 <b>Size Standard:</b>		<b>14. Method Of Solicitation</b> <input type="checkbox"/> <b>RFQ</b> <input type="checkbox"/> <b>IFB</b> <input type="checkbox"/> <b>RFP</b>	
<b>15. Deliver To</b> SEE SCHEDULE		<b>Code</b>		<b>16. Administered By</b> DCMC BALTIMORE 217 EAST REDWOOD ST SUITE 1800 BALTIMORE MD 21202-5299			
<b>Telephone No.</b>				<b>Code</b> S2101A			
<b>17. Contractor/Offeror</b> LBS CORPORATION 11408 PULASKI HIGHWAY WHITE MARSH, MD 21162-1512		<b>Code</b> 08TC8 <b>Facility</b>		<b>18a. Payment Will Be Made By</b> DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264			
<b>Telephone No.</b>				<b>Code</b> HQ0338			
<input type="checkbox"/> <b>17b. Check If Remittance Is Different And Put Such Address In Offer</b>		<b>18b. Submit Invoices To Address Shown In Block 18a Unless Block Below Is Checked</b> <input type="checkbox"/> <b>See Addendum</b>					
<b>19. Item No.</b>		<b>20. Schedule Of Supplies/Services</b>			<b>21. Quantity</b>	<b>22. Unit</b>	<b>23. Unit Price</b>
		SEE SCHEDULE					
		(Attach Additional Sheets As Necessary)					
<b>25. Accounting And Appropriation Data</b> SEE ADDENDUM						<b>26. Total Award Amount (For Govt. Use Only)</b> \$36,570.00	
<input type="checkbox"/> <b>27a. Solicitation Incorporates By Reference FAR 52.212-1, 52.212-4, FAR 52.212-3 And 52.212-5 Are Attached.</b>						<input type="checkbox"/> <b>Are</b> <input type="checkbox"/> <b>Are Not Attached.</b>	
<input checked="" type="checkbox"/> <b>27b. Contract/Purchase Order Incorporates By Reference FAR 52.212-4, FAR 52.212-5 Is Attached. Addenda</b>						<input checked="" type="checkbox"/> <b>Are</b> <input type="checkbox"/> <b>Are Not Attached.</b>	
<b>28. Contractor Is Required To Sign This Document And Return _____ Copies To Issuing Office. Contractor Agrees To Furnish And Deliver All Items Set Forth Or Otherwise Identified Above And On Any Additional Sheets Subject To The Terms And Conditions Specified Herein.</b>				<b>29. Award Of Contract: Reference _____ Offer Dated _____. Your Offer On Solicitation (Block 5) Including Any Additions Or Changes Which Are Set Forth Herein Is Accepted As To Items:</b>			
<b>30a. Signature Of Offeror/Contractor</b>				<b>31a. United States Of America (Signature Of Contracting Officer)</b>			
<b>30b. Name And Title Of Signer (Type Or Print)</b>		<b>30c. Date Signed</b>		<b>31b. Name Of Contracting Officer (Type Or Print)</b> HOWARD LEWIS LEWISH@RIA.ARMY.MIL (309) 782-3506		<b>31c. Date Signed</b>	
<b>32a. Quantity In Column 21 Has Been</b> <input type="checkbox"/> <b>Received</b> <input type="checkbox"/> <b>Inspected</b> <input type="checkbox"/> <b>Accepted And Conforms To The Contract Except As Noted</b>				<b>33. Ship Number</b>		<b>34. Voucher Number</b>	<b>35. Amount Verified Correct For</b>
<b>32b. Signature Of Authorized Government Representative</b>		<b>32c. Date</b>		<input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Final</b>			
<b>41a. I Certify This Account Is Correct And Proper For Payment</b>				<b>36. Payment</b> <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Final</b>		<b>37. Check Number</b>	
				<b>38. S/R Account Number</b>		<b>39. S/R Voucher Number</b>	<b>40. Paid By</b>
<b>41b. Signature And Title Of Certifying Officer</b>				<b>41c. Date</b>		<b>42a. Received By (Print)</b>	
						<b>42b. Received At (Location)</b>	
				<b>42c. Date Recd (YYMMDD)</b>		<b>42d. Total Containers</b>	

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-99-D-0030/0005 MOD/AMD

Name of Offeror or Contractor: LBS CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																		
	SUPPLIES OR SERVICES AND PRICES/COSTS																						
0001	<u>Supplies or Services and Prices/Costs</u>																						
0001AL	<u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u>	2	EA	\$ 1,590.00000	\$ 3,180.00																		
	NSN: 0000-00-000-0000 NOUN: COMPRESSOR SECURITY CLASS: Unclassified PRON: M19A7301M1 PRON AMD: 01 ACRN: AA AMS CD: 534505321475345  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <table border="0"> <tr> <td><u>REL CD</u></td> <td><u>MILSTRIP</u></td> <td><u>ADDR</u></td> <td><u>SIG CD</u></td> <td><u>MARK FOR</u></td> <td><u>TP CD</u></td> </tr> <tr> <td>001</td> <td>W52H099292T617</td> <td>W52H1B</td> <td>J</td> <td></td> <td>3</td> </tr> </table> <table border="0"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> </tr> <tr> <td>001</td> <td>2</td> <td>30-JUN-2000</td> </tr> </table> FOB POINT: Destination  SHIP TO: <u>PARCEL POST ADDRESS</u> (W52H1B) CONSOL PROP OFC ROCK ISLAND ARSENAL ROCK ISLAND IL 61299-5000  MARK FOR: W80Y1H CMTH/SUTTON X0006 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0030/0005	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W52H099292T617	W52H1B	J		3	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	2	30-JUN-2000				
<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>																		
001	W52H099292T617	W52H1B	J		3																		
<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>																					
001	2	30-JUN-2000																					
0001AM	<u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u>	21	EA	\$ 1,590.00000	\$ 33,390.00																		
	NSN: 0000-00-000-0000 NOUN: COMPRESSOR SECURITY CLASS: Unclassified PRON: T19A7V08M1 PRON AMD: 01 ACRN: AB CUSTOMER ORDER NO: M954509996002  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <table border="0"> <tr> <td><u>REL CD</u></td> <td><u>MILSTRIP</u></td> <td><u>ADDR</u></td> <td><u>SIG CD</u></td> <td><u>MARK FOR</u></td> <td><u>TP CD</u></td> </tr> <tr> <td>001</td> <td>W52H099306T617</td> <td>W52H1B</td> <td>J</td> <td></td> <td>3</td> </tr> </table> <table border="0"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> </tr> <tr> <td>001</td> <td>21</td> <td>30-JUN-2000</td> </tr> </table> FOB POINT: Destination	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W52H099306T617	W52H1B	J		3	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	21	30-JUN-2000				
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Name of Offeror or Contractor: LBS CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<p>SHIP TO: <u>PARCEL POST ADDRESS</u> (W52H1B) CONSOL PROP OFC ROCK ISLAND ARSENAL ROCK ISLAND IL 61299-5000</p> <p>MARK FOR: W80Y1H CMTH/SUTTON X0006 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0030/0005</p>				

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

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**PIIN/SIIN** DAAE20-99-D-0030/0005

**MOD/AMD**

**Name of Offeror or Contractor:** LBS CORPORATION

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG	JOB	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN STAT</u>	<u>ORDER NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>
0001AL	M19A7301M1	AA 2	21	92035000096D6D02P53450531EA S11116	97A301 W52H09 \$ 3,180.00
534505321475345					
0001AM	T19A7V08M1	AB 2	17	91110962770310080200674432D06277100099MR96002	\$ 33,390.00
				TOTAL	\$ 36,570.00

SERVICE	TOTAL BY ACRN	ACCOUNTING CLASSIFICATION	ACCOUNTING STATION	OBLIGATED AMOUNT
Army	AA	21 92035000096D6D02P53450531EA S11116	W52H09	\$ 3,180.00
Marine Corps	AB	17 91110962770310080200674432D06277100099MR96002		\$ 33,390.00
				TOTAL \$ 36,570.00